

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

C N 1/2

1. Location of well:	County <b>Edwards</b>	Fraction Center of $W\frac{1}{2}$ of $NE\frac{1}{4}$ & $E\frac{1}{2}$ of $1/4$ NW $1/4$	Section number <b>3</b>	Township number T <b>24</b> S	Range number R <b>17</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">EW</span>
2. Distance and direction from nearest town or city: <b>8 miles Northeast of Lewis</b> Street address of well location if in city:			3. Owner of well: <b>Dave Cross</b> R.R. or street: City, state, zip code: <b>Lewis, KS 67552</b>		
4. Locate with "X" in section below: Sketch map:			6. Bore hole dia. <b>24</b> in. Completion date <b>5-21-76</b> Well depth <b>124</b> ft.		
			7. <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input checked="" type="checkbox"/> Reverse rotary		
			8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
5. Type and color of material			9. Casing: Material <b>steel</b> Height: <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>30.3</b> lbs./ft. Dia. <b>16</b> in. to <b>50</b> ft. depth; Wall Thickness: inches or Dia. <b>84</b> in. to <b>84</b> ft. depth; gage No. <b>7 gae</b>		
			10. Screen: Manufacturer's name <b>Doerr</b> Type <b>Double-slot</b> Dia. <b>16"</b> Slot gauge <b>1/8"</b> Length <b>60"</b> feet Set between <b>50</b> ft. and <b>70</b> ft. <b>84</b> ft. and <b>124</b> ft. Gravel pack? <b>yes</b> Size range of material <b>3/8-200</b>		
			11. Static water level: _____ mo./day/yr. <b>26</b> ft. below land surface Date <b>5-11-76</b>		
			12. Pumping level below land surfaces: <b>N/C</b> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
			13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
			14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade		
			15. Well grouted? <b>yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.		
			16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? _____ Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
			17. Pump: Not installed Manufacturer's name <b>EMC-Peerless</b> Model number <b>12MB-3</b> HP <b>80</b> Volts _____ Length of drop pipe <b>80'</b> ft. capacity <b>900</b> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
(Use a second sheet if needed)					
18. Elevation:		19. Remarks:			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>Clarke Well &amp; Eq. Inc.</b> <b>185</b> Business name License No. Address <b>Great Bend, KS 67530</b> Signed <b>D.W. Clarke</b> Date <b>6-2-76</b> Authorized representative			

24  
 12  
 3  
 Sec  
 1/4 1/4 1/4 1/4  
 C N 1/2  
 W 1/2 NW 1/4

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5